

Dr. Dege PRIORITY <input type="checkbox"/>	
PATIENT	Michele Carper AGE .
CALLER	
TELEPHONE 302-695-0858	
REFERRED TO	
CHART # Spine pt. → out 8/19-9/6/02	
CHART ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RET. 9/9/02	
DATE 8/6/02	TIME 9:15 REC'D BY BB
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TELEPHONE RECORD 		
MESSAGE		
<p>pt would like note stating      her back hurts in waist.      And would like to be out      for 3 weeks.</p>		
RESPONSE	TEMP	ALLERGIES
<p>OK, give note for 3 weeks out      pt: Degenerative Disc &amp; radiculopathy</p>		
PHY/RN INITIALS	DATE 8/16/02	TIME 11:55 HANDED BY BB

## UNDERWOOD-MEMORIAL HOSPITAL

Family Health Center

34 Colson Lane

Mullica Hill, NJ 08062

(609) 223-0500

Certificate For Return To School or Work

Michele Carper has been under my care from 8/19/02 to 9/6/02 and is able to return to school/work on 9/9/02.

## Remarks/Restrictions:

Di: Degenerative Disc & radiculopathy

Signature Dr. Nancy Bernick Dege, M.D.  
Bernick